

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048267

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12344

STATE FILE NUMBER

FILED JAN 2 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in lb

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c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION DOA: Jewish Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

University City

d. STREET  
ADDRESS

(If outside, give location)

7588 Melrose

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Aetnaup

DAVIDSON

4. DATE  
OF  
DEATH

Month

Day

Year

DEC

22

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/4/1912

## 9. AGE (last birthday)

50

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Collecting Agency

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Ben Davidson

## 13b. MOTHER'S MAIDEN NAME

Lena Siegel

## 14. NAME OF HUSBAND OR WIFE

Geraldine

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 17. INFORMANT

Address

Geraldine Davidson 7588 Melrose

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CARDIAC ARREST

INTERVAL BETWEEN  
ONSET AND DEATH

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Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

CORONARY OCCLUSION

## DUE TO (c)

ARTERIOSCLEROTIC HEART DISEASE

&gt; 2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

420-0

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. attended the deceased from 3-18-60

to 12-22-62

and last saw her alive on 12-30-62

Death occurred at 4:40

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Morton G. Levy MD

## 22b. ADDRESS

216 So Kiowa Highway

## 22c. DATE SIGNED

12/23/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

12/24/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth

## 23d. LOCATION (City, town, or county)

University City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson Avenue

## 25. DATE RECD. BY LOCAL REG.

DEC 24 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

4006-3

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1292-0

13

91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Samuel J. Davis*  
Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.